



# Long-term Care Communication Bulletin

**TO:** LTC Physicians and Nurse Practitioners

**DATE:** May 26, 2020

**FROM:** Dr. Margaret Manville, Medical Director Long-term Care

**RE:** LTC update #10 – Frequently Asked Questions

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## 1. When should I ask for a nasopharyngeal (NP) swab to be performed on my resident?

*There should be a low threshold for obtaining NP swabs on our LTC residents. As you are likely aware, many COVID patients have typical respiratory symptoms or less commonly GI symptoms; but especially prevalent in older adults are vague symptoms like an acute change in baseline cognitive or functional level. If residents don't have an identified reason for an acute decline in their health, please consider requesting an NP swab.*

*Until we know more about this virus, we should 'overswab' rather than 'underswab' our symptomatic LTC residents.*

## 2. How long does my resident need to be on isolation if they return from a facility for a same day medical appointment or ER visit?

**New recommendation:** *There is no requirement for isolation of residents attending same day medical visits (planned appointments or short emergency room visits). All other infection control procedures and site restrictions remain the same (ie. 14 day isolation if admitted to LTC from an acute hospital admission of > 24 hr duration, or admission from the community).*

## 3. Does a resident need an NP swab prior to admission to LTC?

*No – as per the advice of our MHO, the NP swab is not useful as the sensitivity is low in the absence of symptoms. A negative NP swab still means that the resident needs to be on isolation for 14 days with droplet and contact precautions when admitted/readmitted to LTC.*

## 4. Is it safe for me to do in-person visits to LTC facilities?

*Yes – as long as you are following the recommendations to wear a mask and use scrupulous hand hygiene, as well as decontaminating any equipment used in between residents (eg. stethoscope). A point of care risk assessment should be undertaken before visiting any resident to ensure proper protection with indicated PPE.*

*Try to maintain social distancing as much possible during the visit, and do not visit in-person if you have any symptoms of illness. Please let the staff know the date and time of your visit. The majority of LTC facilities organized a COVID physician/NP model with greatly reduced numbers of physicians/NPs*



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*visiting the site during the initial stages of the pandemic. These LTC homes can revisit this model if MRPs are comfortable resuming their proactive and essential visits. Conversely, if physicians/NPs are not yet ready to resume in-person visits, they can continue with telehealth if a continued high standard of medical care can be achieved. Physicians/NPs can discuss with the daytime COVID physicians/NPs at their site and review how to move forward. In the future, if visitor restrictions are tightened due to an increased COVID-19 prevalence on Vancouver Island, the COVID pandemic physician/NP model may need to be reactivated.*

### **5. Can I just do telemedicine for my residents rather than in-person visits?**

*Telemedicine can replace in-person visits for many issues. However, our residents are best served by physicians/NPs seeing their patients, reviewing patient charts and medications, and meeting with the care team. Telemedicine is a useful bridge between visits, and has allowed us to continue to care for our residents during the first phase of the pandemic. Island Health and the Divisions of Family Practice are working very hard on plans to expand virtual care options and virtual charting in LTC where possible.*

### **6. I work in acute care and LTC. Can I still visit my resident in LTC on the same day I work in acute care? I also visit many nursing homes per day. Can I still do that?**

*If able, prioritize a visit to LTC either before working in another care setting (clinic, acute care) or on a different day. Also try to not visit more than one LTC facility per day. There may be some exceptions to this recommendation based on the urgency of a needed LTC visit. Planning your LTC work with these principles in mind will keep our LTC population as safe as possible.*

### **7. My patient has tested positive for COVID-19. How will I be involved in planning their care and outbreak management at the LTC facility?**

*As per the memo #9 May 19, 2020, MRPs and the medical coordinator at the LTC home will be asked to join an emergency teleconference 1-2 hours after a positive result is obtained. The phone number will be provided but please put this # into your phone in case of miscommunication: **250.519.7700 ext. 26834**. The call will be led by the local MHO and MRPs will provide the clinical context of their patient, arrange transfer if needed and discuss the diagnosis with family once the plan of care is decided.*